

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-879)

SERIAL NO.

10 524 31

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6	/						56						
7		5					57						
8		6					58						
9	/						59						
10		7					60						
11		8					61						
12		9					62						
13	/						63						
14		10					64						
15		11					65						
16		12					66						
17	/						67						
18		13					68						
19		14					69						
20		15					70						
21		16					71						
22		17					72						
23		18					73						
24		19					74						
25		20					75						
26		21					76						
27		22					77						
28		23					78						
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32		27					82						
33		28					83						
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36		31					86						
37		32					87						
38		33					88						
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40		35					90						
41		36					91						
42		37					92						
43		38					93						
44		39					94						
45		40					95						
46		41					96						
47		42					97						
48		43					98						
49		44					99						
50		45					100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			1				TOTAL CLAIMS						

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